

**PREA AUDIT REPORT**     Interim     Final  
**ADULT PRISONS & JAILS**

**Date of report:** April 18, 2017

<b>Auditor Information</b>			
<b>Auditor name:</b> Michele Morgenroth			
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<b>Telephone number:</b> 406-444-2828			
<b>Date of facility visit:</b> January 26, 2017			
<b>Facility Information</b>			
<b>Facility name:</b> Northern Nevada Transitional Housing			
<b>Facility physical address:</b> 225 Sunshine Lane, Reno, NV 89502			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 775-688-1140			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Harold Wickham			
<b>Number of staff assigned to the facility in the last 12 months:</b> 1			
<b>Designed facility capacity:</b> 112			
<b>Current population of facility:</b> 99			
<b>Facility security levels/inmate custody levels:</b> minimum custody, community trustee			
<b>Age range of the population:</b> 21-61			
<b>Name of PREA Compliance Manager:</b> Traves Roberts		<b>Title:</b> Lieutenant	
<b>Email address:</b> troberts@doc.nv.gov		<b>Telephone number:</b> 775-684-3011	
<b>Agency Information</b>			
<b>Name of agency:</b> Nevada Department of Corrections			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> State of Nevada			
<b>Physical address:</b> 5500 Snyder Drive, Carson City, NV 89701			
<b>Mailing address:</b> <i>(if different from above)</i> P.O. Box 7000, Carson City, NV 89701			
<b>Telephone number:</b> 775-882-3285			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> James Dzurenda		<b>Title:</b> Director	
<b>Email address:</b> jdzurenda@doc.nv.gov		<b>Telephone number:</b> 702-486-9912	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Pamela Del Porto		<b>Title:</b> Inspector General	
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## **AUDIT FINDINGS**

### **NARRATIVE**

This report describes the process and findings of a PREA Audit of Northern Nevada Transitional Housing (NNTH) in Reno, NV. The audit was conducted by Michele Morgenroth and Andrew Jess, Department of Justice certified auditors. The onsite portion of the audit occurred January 26, 2017. Six weeks prior to the onsite visit, notification of the dates of the audit and the auditor's contact information was posted in all housing units and common areas of the facility. The auditor did not receive any letters from inmates at the facility. Pre-audit documents were submitted by the facility and were reviewed by the auditors prior to the onsite portion of the audit. These documents included policies, procedures, training lesson plans, training records, logs, tracking sheets, reports, etc. As part of the pre-audit process, Just Detention International was contacted to determine if they had received any reports regarding the facility. Just Detention International responded that they had not received any reports regarding NNTH.

The onsite portion of the audit included a thorough inspection of the facility, including housing wings, common areas, kitchen and dining areas, all of which is housed in one building. Camera placement was also included in the onsite tour. NNTH benefits from being in a new building where camera placement from the perspective of PREA was considered in the design of the facility. Staff and inmates were observed as they went about their daily routine. The auditors asked questions regarding possible blind spots, privacy of inmates, opposite gender announcements, supervisory rounds, etc.

Random and targeted interviews with both staff and inmates were conducted in a private office. NNTH has a limited number of staff, therefore all staff on duty during the onsite visit were interviewed. Random interviews were conducted with six out of 10 staff which constituted a majority of the staff who work at NNTH. The other staff were off duty and unavailable to interview. Targeted interviews were conducted with staff in specific positions or with specific duties. This included the Deputy Director (designated by the Director), human resources staff, an investigator, PREA Coordinator, PREA Compliance Manager, the lieutenant responsible for the management of the facility, medical and mental health staff, and a volunteer. Due to the small size of the facility and because almost all of the inmates were working in the community while the auditors were onsite, five inmates who were present were interviewed. Each housing wing was represented and nothing of concern was noted in any of the inmate interviews. Had there been any variances in the interviews or items of concern, the auditors would have interviewed more inmates. The facility is not currently housing any inmates who are disabled or limited English proficient. While onsite, the auditors also reviewed additional staff training records, agency investigation reports, and incident reviews.

Upon completion of the onsite portion of the audit, the auditors met with facility administrators, including the Warden, Lieutenant, and PREA Coordinator and discussed initial impressions and findings. Any areas of concern and corrective action are noted herein.

All standards were assessed for compliance based on review of documentation (policy, procedure, reports, logs, etc.), visual observation during the facility inspection, and interviews with both staff and inmates. Where policy or procedure is directly quoted, this is to show evidence of compliance with the standard where the facility or agency has clearly adopted the standard in written documentation and instruction to staff members.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

Northern Nevada Transitional Housing was opened in October 2015 and houses community trustees and minimum custody inmates. The entire facility is housed in one building which includes an administrative/operational area for supervisory and caseworker offices. A central operations area contains the video monitoring. The facility has a kitchen, dining room, training rooms, and two housing wings. The housing wings have rooms similar to college dorm-style housing. Each wing has common bathrooms with separate shower and toilet stalls. There are no administrative or disciplinary segregation units. Two holding cells are used for emergency, short term placement of inmates who are being returned to other facilities. A majority of the inmates have jobs in the community. The maximum capacity is 112 with a current capacity of 99. The facility's programs include reentry assistance, job placement, and religious programming.

The facility currently has 10 total staff positions which includes 5 correctional officers, 1 correctional sergeant, 1 accountant, 2 caseworkers, and 1 lieutenant. The lieutenant is the facility manager and works in cooperation with the lieutenant from Warm Springs Correctional Center (WSCC) in Carson City, NV to ensure compliance with PREA. NNTH relies on WSCC for medical and mental health services. NNTH is under the administration of the warden of WSCC.

The Nevada Department of Corrections (NDOC) has a centralized human resources office. NDOC also has investigators in the Inspector General's office who are trained to investigate all PREA related allegations, whether administrative or criminal, for all facilities.

## **SUMMARY OF AUDIT FINDINGS**

All staff who were interviewed demonstrated a good understanding of their obligations regarding prevention, detection, reporting, and response to sexual abuse and sexual harassment. It was evident that training on this subject is a priority of the facility. Staff were very cooperative and forthcoming in answering the auditor's questions. All inmates interviewed indicated they received information regarding reporting sexual abuse and harassment upon entering the facility.

The interim audit report contained two standards that were not met. A required corrective action began on March 10, 2017. The facility submitted documents and information to the auditor for each standard initially found non-compliant. After reviewing the information provided, the facility has met all standards as of the date of this final audit report.

Three standards were not applicable: 115.12, 115.14, 115.66  
All other standards were met.

Number of standards exceeded: 0

Number of standards met: 40

Number of standards not met: 0

Number of standards not applicable: 3

### Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

115.11 (a): Administrative Regulation (AR) 421 Custodial Sexual Misconduct, Inmate Sexual Offenses and Prison Rape Elimination Act section 421.01 states the Department has zero tolerance for any form of sexual abuse and sexual harassment. The AR goes on to outline the agency's approach to preventing, detecting, and responding to such conduct, including information on criminal records checks, reporting, employee/volunteer/contractor training, inmate education, inmate screening, investigations, protection against retaliation, disciplinary action, etc. Operational Procedure (OP) 421 outlines the facility specific efforts to comply with PREA.

115.11 (b): The NDOC has designated an upper-level, agency-wide PREA Coordinator. Pamela Del Porto, the Inspector General, is the NDOC PREA Coordinator. She oversees PREA compliance in all NDOC facilities. She has sufficient authority to fulfill her duties as she reports directly to the NDOC Director. In her interview, she reported that she has sufficient time to fulfill her duties. AR 421 section 421.02 outlines the PREA Coordinator's responsibilities.

115.11 (c): The agency has designated Traves Roberts, Lieutenant, as the PREA Compliance Manager. The Compliance Manager reports to the Warden of the facility. AR 421 and OP 421 outline the Compliance Manager's responsibilities. Lt. Roberts has sufficient time and authority to coordinate the facility's PREA efforts. Lt. Roberts reported in his interview that he has sufficient time and authority to fulfill his duties. In addition, because Lt. Roberts is not onsite at the facility on a daily basis, Lt. Stacy Branham oversees the daily implementation of PREA at the facility.

Based on the facility and agency's overall efforts to comply with PREA, the facility is compliant with this standard. This was evident in the knowledge of PREA expressed in staff and inmate interviews, and the emphasis on standard specific language in policies and procedures.

### Standard 115.12 Contracting with other entities for the confinement of inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

N/A: This standard is not applicable as the agency does not contract with other entities for the confinement of inmates.

### Standard 115.13 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

115.13 (a): AR 326 Posting of Shifts/Overtime outlines standards for minimum staffing and what to do if minimum staffing is not met. Section 326.04 requires an annual staffing plan review in collaboration with the PREA Coordinator. The staffing plan and review from 2015-2016 was provided to the auditors and it included all elements required by 115.13 (a). Interviews with the Warden and PREA Compliance Manager indicated that all subsections of this standard are taken into consideration in the staffing plan and that it is reviewed on an annual basis. While onsite, the auditors witnessed that the minimum staffing was met.

115.13 (b): The facility requires a minimum of only one staff member. Overtime is utilized when necessary. According to the staffing plan, if a vacancy occurs at NNTH, an employee from Florence McClure Women's Correctional Center is assigned to NNTH. The facility states they have not deviated from the staffing plan in the last year. Deviations would be documented in Nevada Offender Tracking Information System (NOTIS).

115.13 (c): A staffing plan review was conducted in October 2016. The staffing plan review document was provided to the auditors. All elements required in 115.13 (c) were included in the staffing plan review. The PREA Coordinator confirmed that she is consulted during the annual review and any time the plan needs to be assessed or adjusted.

115.13 (d): OP 400 requires unannounced rounds and that they be documented in Nevada Offender Tracking Information System (NOTIS). The OP also prohibits staff from alerting other staff of the conduct of rounds. Random Daily Shift Logs were reviewed from Jan. 2016-Dec. 2016 and unannounced rounds are conducted on each shift. Lt. Branham confirmed that she or the sergeant conduct these unannounced rounds.

#### **Standard 115.14 Youthful inmates**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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N/A: The facility does not house youthful inmates.

#### **Standard 115.15 Limits to cross-gender viewing and searches**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance**

**determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

115.15 (a): AR 422 states intrusive body cavity searches will only be performed by a licensed medical professional. OP 422 states NNTH will not conduct cross-gender strip or visual body cavity searches except in exigent circumstances or when performed by a medical practitioner. All staff who were interviewed verified that cross-gender strip searches are not conducted except in exigent circumstances.

115.15 (b): Not applicable as this facility does not house female inmates.

115.15 (c): OP 422 states cross-gender strip and visual body cavity searches will be documented in NOTIS. Facility staff report that cross-gender strip searches have not occurred.

115.15 (d): OP 422 states inmates are able to shower, perform bodily functions, and change clothes without nonmedical staff of the opposite gender viewing them. All inmates interviewed report they are able to shower, change clothing, and use the toilet without being viewed by staff. The auditors observed the showers, bathrooms, and living quarters of the facility. Shower curtains and doors to toilet areas allow staff to see that an inmate is present while still allowing privacy. The OP also requires staff of the opposite gender to announce their presence when entering the housing wing. While onsite, the auditors observed opposite gender announcements conducted in accordance with the standard and the facility's own procedures; as female staff entered a wing they would announce their presence. They would also knock and announce themselves before entering a room or before approaching the shower and bathroom area. All staff and inmates interviewed report these announcements occur consistently and in the same manner that was observed by the auditors.

115.15 (e): OP 422 states staff will not search or physically examine a transgender or intersex inmate for the sole purpose of determining their genital status. All staff interviewed report searches are only used for security purposes and never to determine genital status.

115.15 (f): All staff are trained on cross-gender pat searches and searches of transgender and intersex inmates. The auditors reviewed the NDOC Staff PREA Training presentation and lesson plan as well as training certificates for every facility staff member showing completion of "PREA Compliant Searches." All staff interviewed reported they are trained on how to conduct cross-gender pat searches in a professional and respectful manner.

#### **Standard 115.16 Inmates with disabilities and inmates who are limited English proficient**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

115.16 (a) AR 421 section 421.07.3 states all inmates will be afforded education in formats accessible to everyone, including limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. OP 504 states the PREA information video is closed captioned for the hearing impaired, available in Spanish, and available translated in Braille. The PREA Q&A section of the inmate handbook and PREA risk assessment screening form are available in Spanish as Spanish is the second most predominant language at the facility. Posters with information about PREA and reporting methods were displayed throughout the facility in both English and Spanish. There were no inmates currently at the facility who are limited English proficient or disabled to interview.

115.16 (b): The State of Nevada has a contract with Corporate Translation Services (CTS) which provides immediate, 24/7 translation services in 100+ languages. OP 504 has instructions for using the CTS service. The facility also provided a contract for sign language interpreter services established between the State of Nevada and American Sign Language Communications and a separate contract with Sign Language Communication Services, Inc.

115.16 (c): All staff interviewed stated that they would not use an inmate to interpret. The NDOC PREA Manual states that inmates will not

be used as interpreters.

### **Standard 115.17 Hiring and promotion decisions**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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115.17 (a): AR 300 states the agency will not hire anyone who will have contact with inmates who meets the criteria listed in 115.17(a). It also states all applicants considered for promotion must pass the NCIC background check. AR 212 states Department contracts will be processed in compliance with PREA federal mandates. Both the Inspector General and human resources staff verified in interviews that background checks are completed. The auditors reviewed 4 agency background checks for staff, including new hires and promotions. These were randomly selected by the auditors from a list of 18 new hires, re-hires, and promotions from the last year. The ones selected were to ensure review of at least one new hire, one rehire, and a promotion.

115.17 (b): A human resources staff member was interviewed and he stated the agency does consider prior incidents of sexual harassment in determining whether to hire or promote someone. This consideration includes the nature and circumstances of the incident, when and where it occurred, etc.

115.17 (c): AR 300 states employment is contingent upon successful completion of a background check, including but not limited to an NCIC check. The Employment Application Fingerprint Receipt form states the reason for the fingerprint check is "an inquiry into the criminal history of the person in the State of Nevada and in any other state where the person is known to have resided..." An example of a letter sent to a previous employer asking for information on substantiated allegations of sexual abuse was provided to the auditors for review.

115.17 (d): AR 212 requires contractor background checks be done every three years. An example of a criminal record background check on a fire alarm technician was reviewed to determine the type of background check that is completed by the department and if it complied with this standard. It contained the contractor's current and previous addresses, questions regarding criminal history, and an authorization for records check. The authorization permits the department to obtain complete information regarding arrests, detention, indictments, information or other formal criminal charges and disposition of charges, including dismissals, acquittals, convictions, sentences, correctional supervision and release. It is also signed and dated by an official stating that the person has been approved. NDOC Security Regulations Acknowledgment form for contractors states, and requires acknowledgement from the contractor, that background checks will be completed and that the contractor is not to fraternize with inmates. The contractor also fills out and signs the PREA Questionnaire regarding previous history of sexual abuse or harassment. A contractor is denied access to the facility if they have any type of sexual conviction. Both the Inspector General and human resources staff verified in interviews that background checks are completed.

115.17 (e): AR 300 states employees must pass periodic post-hire background checks. AR 212 states mandatory background checks will be conducted on contractors/vendors no less than every 3 years. The Contracts unit maintains documentation of these background checks. Human resources staff and the Inspector General verified in interviews that NDOC completes employee background checks every three years to coincide with the PREA 3 year audit schedule.

115.17 (f): DOC 1057 PREA Questionnaire is required in interview packets. The questionnaire asks the questions related to section (f) of this standard. However, these questions are not asked again during the employee performance review process. Human resources staff reported that the employee appraisal process must include a discussion between the employee and his/her supervisor (also noted on Employee Appraisal & Development Report form). Because an interview is part of this process, the agency must comply with this standard. See the FAQ for this standard dated Sept. 29, 2015 for further clarification from the PREA Resource Center. AR 339 Employee Code of Ethics and Conduct states "failure to report, failure to act, or failure to disclose is considered misconduct." The human resources staff member interviewed confirmed that the agency imposes a continuing affirmative duty to disclose misconduct.

The PREA Coordinator responded on 02/07/17 that as of 02/06/17, all current staff are given the DOC 1057 PREA Questionnaire to fill out PREA Audit Report

during In Service Training, which occurs annually. This will ensure every employee answers these questions annually, regardless of if they receive a yearly performance evaluation. The signed documents will be maintained within NOTIS in the IR record for their on going background checks and with the training file for the employee. The facility has begun this process with staff who are currently going through the In Service Training.

115.17 (g): AR 339 states falsification of application for employment or other personnel forms is a Class 5 offense which results in termination.

115.17 (h): See Nevada Administrative Rules 284.718 and 284.726 which governs the release of employee information.

**Corrective Action Plan:**

(f) The facility must provide the auditor with completed and signed DOC 1057 PREA Questionnaires from three staff randomly selected by the auditor. This must be provided to the auditor no later than 5 months from the facility's receipt of this interim report to allow the auditor sufficient time to review the provided documents. The facility will be determined compliant when these forms are complete and submitted per the auditor's recommendation.

**Corrective Action Completed:**

The facility submitted completed and signed DOC 1057 PREA Questionnaires from 9 staff members. The PREA Coordinator also submitted completed and signed DOC 1057 PREA Questionnaires from 5 agency staff members to show this is being completed across the agency.

**Standard 115.18 Upgrades to facilities and technologies**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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115.18 (a): The facility was opened in 2015. There have been no upgrades since then or any plans to expand or modify the building.

115.18 (b): The facility was opened in 2015. There have been no changes to the monitoring system since then or any plans to make changes.

**Standard 115.21 Evidence protocol and forensic medical examinations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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115.21 (a): The evidence protocol used by the facility is "A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents, Second Edition" from the DOJ Office on Violence Against Women. The facility also utilizes "Recommendations for PREA Audit Report

Administrators of Prisons, Jails, and Community Confinement Facilities for Adapting the U.S. Department of Justice's A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents."

115.21 (b): see (a) above

115.21 (c): OP 613 states the victim will be offered a sexual assault forensic exam. NNTH does not have onsite medical staff so they utilize the medical staff at Warm Springs Correctional Center. WSCC medical staff reported that if an inmate from NNTH agrees to a forensic medical exam, they will be transported to the Sexual Assault Support Services in Reno, NV and the exam would be performed by a certified SANE. The facility reports that no forensic medical exams were required or performed in the last 12 months. OP 613 states services will be provided at no cost to the inmate.

115.21 (d): NDOC has a Memorandum of Understanding (MOU) with the Crisis Call Center, Inc. to provide a victim advocate to accompany and support a victim through a forensic medical exam.

115.21 (e): OP 421 states the victim advocate will accompany the victim and support them through the forensic medical examination and investigatory interviews. The MOU with the Crisis Call Center, Inc. outlines these responsibilities as well.

115.21 (f): n/a – the agency conducts all investigations

115.21 (g): n/a – the agency conducts all investigations

115.21 (h): A review of the Crisis Call Center website shows that they are accredited or certified by several entities.

### **Standard 115.22 Policies to ensure referrals of allegations for investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

115.22 (a): The Inspector General is responsible for conducting or assigning investigations related to sexual abuse or sexual harassment, both criminal and administrative. The Inspector General and an investigator report that all allegations are investigated no matter the source of the information.

115.22 (b): AR 457 designates the Inspector General (IG) as the responsible entity to conduct investigations. AR 421 specifically states the IG will investigate allegations of sexual abuse and sexual harassment. Both ARs are found on the NDOC website at [http://doc.nv.gov/About/Administrative\\_Regulations/Administrative\\_Regulations\\_400\\_Series/](http://doc.nv.gov/About/Administrative_Regulations/Administrative_Regulations_400_Series/). All referrals are documented in NOTIS and kept on the "PREA tracking sheet" by the facility, which was reviewed by the auditors. All staff interviewed at the facility verified in interviews that they report all allegations to the IG's office.

115.22 (c): n/a – the agency conducts all investigations

115.22 (d): AR 457 is the agency's policy that governs investigations. As stated in AR 457 and confirmed by staff in the IG's office, the Inspector General determines the need for an investigation, the type/methodology of the investigation, and which staff are responsible for the investigation.

115.22 (e): n/a – the agency conducts all investigations

### **Standard 115.31 Employee training**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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115.31 (a): OP 421 states all employees who have contact with inmates will receive instruction on the requirements and responsibilities of PREA in pre-service training. The NDOC Staff PREA Training lesson plan was reviewed and contains all required elements of 115.31(a). All staff interviewed demonstrated a good understanding of their responsibilities regarding prevention, detection, reporting, and response to sexual abuse and sexual harassment.

115.31 (b): The training provided has specific sections for the dynamics of sexual abuse in men's and women's facilities.

115.31 (c): AR 421.05.1 states all employees will have instruction on the requirements and responsibilities of PREA every two years with refresher training on current PREA policies in the interim years. All staff interviewed reported being trained in the topics outlined in this standard, both upon hire and annually.

115.31 (d): NDOC PREA training acknowledgement forms were reviewed for all 10 staff members.

The auditors were satisfied the facility is compliant with this standard given the familiarity and knowledge of PREA demonstrated in staff interviews, staff verification of ongoing PREA training, and thorough coverage of the requirements of this standard in the training documentation.

**Standard 115.32 Volunteer and contractor training**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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115.32 (a): AR 421 requires all volunteers and contractors receive training on their responsibilities regarding sexual abuse and sexual harassment. NNTH currently has five volunteers. One volunteer who was available while the auditors were onsite was interviewed and stated he had been trained in these responsibilities. He accurately described prevention, detection, response and reporting mechanisms.

115.32 (b): The facility reports volunteers and contractors receive training based on how many hours they spend per week with inmates. If they spend more than 19 hours they receive the same training as employees. If they spend 9-19 hours per week they receive an abbreviated training which covers all the basics of what PREA is, that there is a zero tolerance for sexual abuse and harassment, and how to make reports. If they spend less than eight hours a week, they sign a PREA Zero Tolerance Form. The form includes that the Department has a zero tolerance policy regarding sexual abuse and sexual harassment. However, it does not include how to report such incidents.

115.32 (c): The signed Volunteer Training/Orientation Acknowledgement Form for the volunteer who was interviewed was reviewed by the auditors.

Corrective Action Plan:

(b) The facility must inform contractors and volunteers who spend less than 8 hours with inmates each week of reporting duties and how to make reports. This will require an update to any relevant forms as well as ensuring current volunteers and contractors receive, and sign that they have received, this information. The updated form(s) and documentation showing volunteers and contractors have been given this information will need to be provided to the auditor no later than 5 months from the facility's receipt of this interim report to allow the auditor sufficient time to review the provided documents.

Corrective Action Completed:

The facility provided the auditor with an updated form that volunteers and contractors will sign. The form includes the agency's zero tolerance toward any form of sexual misconduct, to include staff/contractor/volunteer on inmate or inmate on inmate sexual harassment, sexual assault, sexually abusive contact, or consensual sex. It informs the volunteer/contractor of the consequences for such actions. The form also informs the volunteer/contractor of multiple ways to report any knowledge of such incidents including the NDOC PREA Hotline, email address, mailing address, and the NDOC website information to contact the Inspector General. The facility submitted three signed forms to the auditor showing that current volunteers/contractors have been given this information.

**Standard 115.33 Inmate education**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

115.33 (a): AR 421 dictates inmates will receive orientation on the Department's zero-tolerance policy and reporting at initial intake. All inmates interviewed reported receiving this information immediately upon their arrival at the facility. Inmates are given a handbook which contains PREA information, including reporting mechanisms. This handbook was reviewed by the auditors. Staff interviews, specifically the case worker's interview, supported that inmates are given the necessary information upon arrival at the facility.

115.33 (b): AR 421 dictates inmates will be provided comprehensive education within 30 days of intake. In practice, the comprehensive education typically takes place the same day inmates arrive at the facility. This is due to the fact that most inmates are working within the community within a few days to weeks after intake and are not as available to participate after initial intake. Provision of comprehensive education was confirmed in the case worker's interview. All inmates interviewed reported receiving this information about their rights to be free from sexual abuse and sexual harassment, to be free from retaliation, and the agency's response policies the day they arrived at the facility.

115.33 (c): All inmates at the facility have received this education as, based on the average length of stay at the facility and the arrival date of all inmates at the facility, all have either arrived at the facility or been transferred to the facility after the implementation of PREA. The case worker verified in her interview that all inmates have received this education.

115.33 (d): The AR states education will be provided in formats accessible to everyone. Forms and other information are available in Spanish as Spanish is the second most predominant language at the facility. The PREA section of the inmate handbook is also available in Spanish. The contracted service is available for translation services when needed. See comments in 115.16 which details the facility's compliance in providing inmate education in formats accessible to all inmates.

115.33 (e): Documentation is maintained in NOTIS. Inmates sign the NDOC PREA Comprehensive Education acknowledgement form. This form was reviewed for three inmates randomly selected by the auditors from the case files. All were signed and dated within a day of the inmate's arrival at the facility. Since there were no concerns, no further files were selected for review.

115.33 (f): Inmates are issued an inmate handbook upon arrival which contains pertinent reporting information. During the onsite inspection the auditors noted posters with key information in both English and Spanish were posted throughout the facility.

### Standard 115.34 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

115.34 (a): AR 421 states all staff assigned to investigate allegations related to PREA will receive specialized training. An investigator was interviewed and he stated he had been trained to conduct sexual abuse investigations in confinement settings.

115.34 (b): AR 421 states all investigative staff will be trained on techniques for interviewing sexual abuse victims, Miranda and Garrity warnings, evidence collection, and evidentiary criteria. An agency investigator was interviewed who verified he was trained in all the topics required by this standard as well as the general training required of all staff.

115.34 (c): Training records were reviewed for all agency investigators showing they completed the National Institute of Corrections PREA: Investigating Sexual Abuse in a Confinement Setting course.

115.34 (d): see (a) through (c)

Compliance with this standard was determined by interviews with an investigator and the Inspector General verifying that investigators have been trained in how to conduct sexual abuse investigations in confinement settings, review of training records for all agency investigators, and supported language in policy.

### Standard 115.35 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

115.35 (a): The facility does not have medical or mental health staff onsite. The facility utilizes the staff and resources from WSCC for medical and mental health. OP 613 requires that all medical and mental health staff complete annual training on the elements required in standard 115.35 (a). Interviews with medical and mental health staff support that this training is provided and that they are required to take the training.

115.35 (b): n/a – The medical staff do not conduct forensic exams; inmates are transported to Sexual Assault Support Services in Reno. This was confirmed by the medical staff who was interviewed.

115.35 (c): Training records were reviewed for medical and mental health staff showing course completion for PREA: Medical Health Care for Sexual Assault Victims in Confinement Setting and PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting both presented by the National Institute of Corrections.

115.35 (d): Training records were reviewed which show medical and mental health staff receive the same training as all staff. Medical and mental health staff who were interviewed stated they receive the same training as all other staff in addition to the specialized training mentioned in (a) above.

#### **Standard 115.41 Screening for risk of victimization and abusiveness**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

115.41 (a): AR 421 and AR 573 state all inmates will be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by or abusive toward other inmates. A case worker confirmed that initial screenings occur, typically within the first day.

115.41 (b): AR 573, OP 573 and OP 421 state initial screening should take place as soon as possible, but will be completed within 72 hours of arrival at the facility. AR 573 requires that inmates are not to be housed in two-man cells prior to PREA screening. The case worker stated in her interview that all inmates are screened within 72 hours and typically within the first day after arrival.

115.41 (c), (d) and (e): The NDOC PREA Risk Assessment is an objective screening instrument that contains all requirements of 115.41 (d) and (e). It includes the following factors: former victim of correctional rape or sexual assault (adult or juvenile); whether the inmate has a mental, physical or developmental disability; age of inmate; physical build; first incarceration or prior incarcerations; criminal history is exclusively non-violent; prior convictions for sex offenses against an adult or child; LGBTI or gender non-conforming (admitted or perceived); previously experienced sexual victimization; presents as or claims vulnerability; prior acts of institutional sexual abuse; prior convictions for violent offenses; history of institutional violence. The facility does not detain anyone solely for civil immigration purposes. Inmates stated in interviews that they recalled being asked these questions soon after arrival at the facility.

115.41 (f): The same screening instrument mentioned above is used for reassessments. AR 573 and OP 573 state inmates will be reassessed within 30 days of arrival by a correctional caseworker, including additional information received since the initial screening. A case worker verified in an interview that this reassessment is completed as outlined in the policy and procedure. Reassessments were reviewed for three inmates randomly selected by the auditor from the case files, all were completed within 30 days.

115.41 (g): AR 573 states inmates will be reassessed when warranted. The case worker verified in her interview that reassessments will be conducted due to a referral, request, incident, or receipt of additional information.

115.41 (h): AR 573 states inmates may not be disciplined for not answering questions during assessments and it was verified during the case worker interview that inmates are not disciplined.

115.41 (i): Completion of the risk assessment is noted in NOTIS along with a reference to an alert when applicable. The hard copy of the assessment is kept in the inmate's "I" file which is only accessible to individuals with a need to know.

Based on interviews with staff and inmates onsite, documentation in the form of policy, procedures, and the risk assessment instrument, and review of completed assessments, the facility is compliant with this standard.

#### **Standard 115.42 Use of screening information**

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

115.42 (a): AR 573 states the results of the risk assessment will be considered in classification and placement decisions and the information will be used to make informed housing, bed, work, education, and program assignments to keep inmates at high risk of being sexually victimized separate from those at high risk of being sexually abusive. Similar language is found in OP 573. Documentation was shared with the auditors showing where room assignments were assessed for inmates who were potential victims. Due to the small size of the facility and the fact that inmates leave the facility to work in the community, there is rarely a need to assess program or work assignments in relation to potential victim/potential abuser. In one case, the facility assisted an inmate with limited education to obtain a job that would not create frustrating situations such as filling out written applications. Although this is not related to being a victim or abuser, it shows the facility's dedication to ensuring appropriate and successful work and program placements.

115.42 (b): AR 573 dictates that staff make individualized determinations about how to ensure the safety of each inmate. This was evident in interviews with staff, particularly with the case worker and lieutenant.

115.42 (c): The Inspector General, who is also the NDOC PREA Coordinator, stated in her interview that transgender and intersex inmates are reviewed individually to determine the best and safest housing while taking into account the view point of the inmate. This includes reviewing information from medical and mental health staff and Central Office Offender Management. She reported that AR 573 is being revised to include information on this process of making individualized assessments.

115.42 (d): AR 573 states all inmates are reassessed every six months. This was verified in interviews with the case worker, lieutenant, and PREA Compliance Manager.

115.42 (e): The facility does not currently house any transgender or intersex inmates. When transgender or intersex inmates are housed at the facility, they are assessed every six months according to the case worker, lieutenant, and PREA Compliance Manager. Documentation provided by the facility showed that when a transgender inmate was housed in the facility within the last year, they discussed the inmate's housing assignment and selected a unit that was smaller where the inmate felt safer and was housed with two other non-aggressors.

115.42 (f): The facility showers are separated by walls and privacy curtains. The auditors noted while onsite that, due to the daily schedules of the inmates and the minimum security design of the building, inmates can shower at times that work for them, making the showers separate not only by physical layout but also by the ability to shower at times when other inmates are not.

115.42 (g): The PREA Manual states the Department is prohibited from placing inmates who identify as LGBTI in dedicated facilities, units or wings, based solely on their identification or status. Interviews with staff supported that inmates are not housed in dedicated facilities, units or wings.

### **Standard 115.43 Protective custody**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

OP 509 has language consistent with this standard. NNTH does not have segregated housing for the purpose of protective segregation. If an inmate needs protective segregation, the inmate will be temporarily housed in a secure cell until they are transported and reclassified to another facility. The OP states this will take place within 24 hours of being separated from the population at NNTH. An inmate at risk of being sexually abused will not be placed in involuntary segregation. Staff report that other alternatives will be used such as removing the aggressor, bed changes, and facility transfer. AR 509 states that inmates in protective segregation will have the same canteen, educational, programming and recreational privileges as those in general population.

### Standard 115.51 Inmate reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

115.51 (a): AR 421 and OP 421 provide for multiple reporting methods. Inmates can report verbally to staff, in written form through the grievance process, kites or letters, and by phone. All staff and inmates interviewed were able to identify multiple ways to report, such as through staff, phone, kites, etc. All inmate phones have a message as soon as they pick up the phone with directions on how to make a report via phone. This was both reported by inmates and verified by the auditors during the onsite inspection. Addresses are posted throughout the facility for inmates to send reports by mail. The inmate handbook, reviewed by the auditors, outlines ways for inmates to report, such as through the New Mexico PREA Coordinator, the Office of the Inspector General, verbally to staff, in writing by kite or grievance, anonymously, or through third parties.

115.51 (b): Inmates can send a letter to report abuse or harassment to the New Mexico Department of Corrections PREA Coordinator. The address is provided to inmates in the inmate handbook and on PREA posters, noted throughout the facility by the auditors. The auditors verified with staff that outgoing mail is not screened by the facility. When the New Mexico PREA Coordinator receives a report she immediately notifies the NDOC Inspector General's office.

115.51 (c): All reports, regardless of how they are received are documented and reported. All reports are forwarded to the Office of the Inspector General. This was verified in all staff interviews.

115.51 (d): Staff can report privately on the NDOC website. They can also contact the New Mexico DOC PREA Coordinator or the NDOC Inspector General. All staff interviewed verified they have several methods by which they can report.

### Standard 115.52 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

115.52 (a): n/a – the agency has administrative procedures for addressing inmate grievances

115.52 (b): AR 740.03.7.A "Time frames are waived for allegations of sexual abuse, regardless of when the incident is alleged to have occurred." AR 740.04.1.B "Inmates are not required to use an informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse."

115.52 (c): AR 740.04.1.A "Allegations of sexual abuse will not be referred to a staff member who is the subject of the accusation of sexual abuse." If the person who would normally respond to a grievance is the subject of the grievance, the CCS III/AW will respond to the grievance.

115.52 (d): AR 740 outlines the NDOC grievance process. The NDOC PREA Manual also outlines the requirements for responding to grievances specific to PREA. In this, the IG's office is required to make a final decision on the merits of a sexual abuse grievance within 90 days of the initial filing of the grievance. The IG's office may claim a 70 day extension but will notify the inmate in writing of any extension and provide the inmate with the date by which a decision will be made.

115.52 (e): AR 740 states that third parties can assist inmates in filing a grievance or file one on the inmate's behalf. Third party reporting of sexual abuse against an inmate is referred to the Warden or designee. The alleged victim is interviewed to determine if they wish to pursue administrative remedies. This is documented in NOTIS.

115.52 (f): AR 740.10 outlines the process for emergency grievances. Any emergency grievance alleging sexual abuse is immediately forwarded to the highest ranking staff on duty so that they can take immediate action. The inmate receives an initial response within 48 hours and a final decision is made within 5 calendar days. The initial response and final decision are documented with action taken in response to the grievance.

115.52 (g): The NDOC PREA Manual states that facilities and the Department are prohibited from applying disciplinary action against an inmate for filing any level of a grievance, unless it is clearly demonstrated and documented that the inmate filed the grievance in bad faith.

An interview with the Inspector General verified the process outlined in the policy and manual. All grievances related to sexual abuse and sexual harassment are forwarded to the Inspector General's office for investigation and response.

### **Standard 115.53 Inmate access to outside confidential support services**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

115.53 (a): NDOC has a MOU with the Crisis Call Center, Inc. (CCC) in Reno which establishes that CCC advocates will provide emotional support services, crisis intervention, information and referrals to inmates who are victims of sexual abuse. A similar MOU exists with the Rape Crisis Center in Las Vegas. The information for the Rape Crisis Center is in the inmate handbook; it was also posted in the lieutenant's office. Inmates indicated in interviews that they knew this service existed.

On 02/09/17 the auditors conducted a phone interview with representatives of the Rape Crisis Center. They described the services provided to inmates are guided by what the inmate needs and the logistics of what the Rape Crisis Center can provide. This may include providing support groups at a facility, sending support group workbooks by mail, sending reading material and books, or otherwise corresponding by mail. If an inmate has reported abuse and is going through the investigation process, they will advise them on what to expect during the process.

115.53 (b): The inmate handbook, reviewed by the auditor, states that phone calls to these services are recorded but only reviewed by staff of the Inspector General's office. An inmate handbook is provided to every inmate entering the facility.

115.53 (c): The agency has an MOU with the Crisis Call Center, Inc. and the Rape Crisis Center.

#### **Standard 115.54 Third-party reporting**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

NDOC has a public website with information for third party reporting. Third parties can click a link which sends a report to the Office of the Inspector General, PREA Management Division. This link allows the sender to remain anonymous. The auditors submitted a test report on 12/28/2016 at 4:05pm and received a response on 12/29/2016 at 8:08am. The website also has a phone number, mailing address and an email address for third parties to make a report.

#### **Standard 115.61 Staff and agency reporting duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

115.61 (a): AR 421 and OP 421 require all staff to report any suspicion, knowledge, or information regarding sexual abuse or sexual harassment. All staff interviewed stated that they are required to report any knowledge, suspicion or information regarding sexual abuse or sexual harassment and would do so immediately.

115.61 (b): AR 421, OP 332 and OP 421 require that information be kept confidential and shared only with those with a need or right to know. All staff interviews supported that staff understand information regarding sexual abuse and sexual harassment should only be shared with individuals with a need to know.

115.61 (c): The WSCC OP 613 requires medical staff to report to the shift commander if an inmate reports being the victim of sexual abuse during incarceration. It also requires medical and mental health staff to obtain informed consent before reporting information about prior sexual victimization. In interviews, medical and mental health staff stated that they are required to report and that they obtain informed consent.

115.61 (d): The facility and/or the Inspector General's office ensures that all appropriate reports are made under mandatory reporting laws. This was verified in interviews with facility staff and the Inspector General.

115.61 (e): AR 421 and OP 332 require third party and anonymous reports be reported to the IG's office to be investigated. Investigation staff verified that all reports, regardless of the source, are investigated.

### Standard 115.62 Agency protection duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

NDOC has an emergency grievance process to ensure grievances alleging an inmate is subject to substantial risk of imminent sexual abuse are processed immediately. These are forwarded to the highest ranking staff on duty to assess the situation. Victim safety is assessed and they are separated from aggressors or possible aggressors. All reports of sexual abuse are immediately submitted to the IG's office. All staff interviewed reported that upon learning an inmate is at imminent risk of sexual abuse, they would take immediate action to protect the inmate.

### Standard 115.63 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

115.63 (a): AR 421 requires that reports of incidents that happened in another facility be reported to the Inspector General's PREA Management Office. OP 421 states the officer on duty will report all allegations that occurred in another facility to the facility manager, who will in turn notify the PREA Management Office who will ensure that the facility where the incident occurred is notified. The PREA Coordinator confirmed this in her interview.

115.63 (b): AR 421 and OP 421 require that the report be made as soon as possible but no later than 72 hours after the allegation is made. The PREA Coordinator confirmed that these reports are made within 72 hours.

115.63 (c): AR 421 states that the PREA Coordinator will ensure notification is documented. During interviews, staff confirmed that all reports, regardless of the source are documented.

115.63 (d): During the Warden's interview, he stated that if his facility receives a notification from another facility, they ensure the victim's safety and go through all the appropriate protocols for reporting, investigations, medical and mental health, etc. If the victim is no longer in their facility, they will also notify the facility housing the alleged victim.

### Standard 115.64 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

115.64 (a): The NDOC Crime Scene Preservation and Investigation Manual outline requirements for responding to any crime or incident, including separating the victim and abuser, protecting evidence and ensuring the alleged abuser does not destroy evidence. The facility utilizes a flow chart which depicts the steps staff must take when they receive a report of sexual abuse.

115.64 (b): All staff are trained in the protocols required by this standard. Every staff who was interviewed, whether they were security staff or non-security staff, accurately described first responder duties and had a clear understanding of their responsibilities to separate the victim and abuser, protect evidence, and make necessary reports.

### **Standard 115.65 Coordinated response**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The NDOC Crime Scene Preservation and Investigation Manual establishes crime scene procedures. OP 421.2 PREA Sexual Assault Response outlines the entire coordinated response including first responders, medical and mental health, facility management, etc. The facility also uses an incident flow chart and Forms A, B, and C. Form A guides the shift supervisor and serves as the initial documentation of who the alleged victim is, who the alleged aggressor is and basic information about the potential assault. Forms B and C direct staff on the steps to take depending on if the abuse occurred within a time period that allows for collection of evidence. Together these documents serve as a response plan and a step by step process for staff to follow when an incident occurs. The plan includes notification to shift supervisor, medical care for injuries, forensic medical examinations, provision of a victim advocate, preservation of evidence, notification to mental health staff, and reports and notification to facility administration and the Inspector General's office. Staff are trained in this process and all staff interviewed demonstrated a good understanding of how to respond to an incident.

### **Standard 115.66 Preservation of ability to protect inmates from contact with abusers**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

N/A: The NDOC and State of Nevada do not participate in collective bargaining contracts.

### Standard 115.67 Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

115.67 (a): AR 421 establishes the policy of protecting inmates and staff from retaliation and requires that the Warden designate a facility staff member(s) to monitor retaliation. For NNTH, as stated in OP 421.1, the facility manager monitors retaliation against inmates and the Inspector General's office will monitor retaliation for staff and third parties. This was confirmed by the lieutenant.

115.67 (b): AR 339 provides for disciplinary action, up to and including termination, for an employee who retaliates against another employee or an inmate who reports or cooperates with an investigation. Agency administrators stated retaliation on the part of staff would be taken seriously and disciplinary action would be initiated if staff are found to be engaging in any retaliatory behavior. Facility staff verified that disciplinary action would be taken if inmates are involved in retaliation, including housing moves or transfers to other facilities.

115.67 (c): AR 421 and OP 421.1 require monitoring for at least 90 days with the option to continue beyond 90 days if needed. The facility manager was interviewed and verified that monitoring would take place for a minimum of 90 days and would include reviews of disciplinary reports, housing and program changes for inmates. Casework staff create a notification in NOTIS which alerts them to monitor inmates. For staff, monitoring would include reviews of performance, assignments, leaves of absence, etc. The facility reports no incidents of retaliation in the last 12 months.

115.67 (d): AR 421 requires that for inmates, monitoring include periodic status checks. OP 421.1 states that casework staff will meet with the inmate every 30 days.

115.67 (e): The facility reports they would take steps to protect any individual from retaliation but have not had anyone express a fear of retaliation.

115.67 (f): AR 421 and OP 421.1 allow for monitoring to be terminated if the allegation is unfounded.

### Standard 115.68 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

See notes for 115.43. OP 509 states inmates at high risk of sexual victimization will not be placed in involuntary segregation unless all available alternatives have been considered.

## Standard 115.71 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

115.71 (a): The Inspector General is responsible for investigating or assigning for investigation all incidents related to PREA. Six agency investigation reports were reviewed by the auditors and all were completed promptly, thoroughly, and objectively. For example, the investigations were assigned the day after a report was received and completed within two months. They included all relevant evidence such as witness interviews, video footage, physical evidence, etc. The reports from the investigators impartially assessed the facts.

115.71 (b): All investigators have received specialized training. See notes for 115.34.

115.71 (c): The Department and the facility have policies and procedures in place for gathering and preserving evidence and conducting investigations. Investigative staff verified in interviews that all relevant information is reviewed as part of an investigation, including physical evidence, electronic monitoring data, and interviews.

115.71 (d): An investigator who was interviewed stated prosecutors would be consulted before conducting compelled interviews.

115.71 (e): NDOC does not require inmates to submit to polygraphs. The credibility of victims, witnesses and suspects is assessed individually. The investigator interviewed stated they allow the evidence to speak for itself and do not make any assumptions.

115.71 (f): Investigators from the Inspector General's office conduct all PREA related administrative investigations. Investigative staff stated they review video footage and other information to determine if staff contributed to abuse by violating policies, regulations, or other actions or failures to act.

115.71 (g): Investigation reports reviewed by the auditors contained all relevant information necessary for each investigation. The reports included the source of the initial report and initial report details; description of the interviews with alleged aggressor, alleged victim, witnesses, and staff; and description of evidence collected. Written statements from inmates were also included when applicable. As described by an investigator, if video footage is reviewed, a description of what was viewed would also be included.

115.71 (h): If a case is substantiated, it is referred to the applicable prosecutorial authority. This was verified by investigators and the Inspector General. However, as reported by the facility, the facility has not had any substantiated allegations since the last PREA audit.

115.71 (i): As reported by the PREA Coordinator, the Department maintains all PREA cases, both administrative and criminal, separately from other non-PREA cases to ensure they are maintained according to this standard, as the state has a specified retention period that does not cover what is required by PREA. The reports related to PREA are maintained while the abuser is still employed or incarcerated within the Department and/or for 10 years after reporting to the Survey of Sexual Violence.

115.71 (j): The Department does not terminate an investigation if the alleged abuser or victim is no longer employed or controlled by the Department. This was verified by investigators.

115.71 (k): See above items (a) through (i).

115.71 (l): The agency rarely, if ever, uses an outside agency to investigate. Staff in the Inspector General's office report that if an outside agency was needed, they would fully cooperate and remain informed throughout the process.

Based on interviews with the Inspector General and investigative staff, and review of policy, procedure, and completed investigative reports, the facility is compliant with this standard.

### Standard 115.72 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

A PREA Manual utilized by the Department states the Department shall impose no standard higher than a preponderance of the evidence in determining whether allegation(s) of sexual abuse are substantiated. An investigator who was interviewed verified that the Department does not use a standard higher than a preponderance of the evidence in determining if allegations of sexual abuse are substantiated.

### Standard 115.73 Reporting to inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

115.73 (a): Language in AR 421 and AR 457 is consistent with and supports this standard. When an investigation is completed, the Inspector General's office will make the notification to the inmate or will request that the facility do so. This was verified in interviews with investigative staff and through documentation in the investigative file. There were no inmates available to interview regarding this standard as there were no inmates currently in the facility who had made a report in the last year.

115.73 (b): There have been no circumstances where an outside agency was utilized to investigate incidents from this facility.

115.73 (c): Language in AR 421 is consistent with and supports this standard. The process of informing inmates was verified in interviews with the PREA Compliance Manager and the IG PREA Coordinator.

115.73 (d): Language in AR 421 is consistent with and supports this standard. The process of informing inmates was verified in interviews with the PREA Compliance Manager and the IG PREA Coordinator.

115.73 (e): Language in the NDOC PREA Manual is consistent with and supports this standard. Documentation is made in NOTIS that the inmate was notified.

115.73 (f): Language in the NDOC PREA Manual is consistent with and supports this standard.

### Standard 115.76 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

115.76 (a): AR 421 provides that staff will be subject to disciplinary sanctions up to and including termination for violating sexual abuse and sexual harassment policies.

115.76 (b): AR 339 outlines disciplinary sanctions for certain staff actions and clearly lists dismissal as the consequence for sexual abuse.

115.76 (c): AR 339, the employee code of ethics and conduct and disciplinary process, allows for disciplinary action to be based upon the nature and circumstances of the situation.

115.76 (d): AR 421 requires that terminations or resignations by staff who would have been terminated for violating sexual abuse or sexual harassment policies will be reported to law enforcement and relevant licensing bodies.

Interviews with the Warden, Deputy Director and Inspector General verified that the agency takes allegations of sexual abuse and sexual harassment very seriously and disciplinary action would be taken, including termination. The process and requirements of the above stated ARs was verified in these interviews.

#### **Standard 115.77 Corrective action for contractors and volunteers**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

115.77 (a) and (b): AR 421 and OP 421 contain language that supports this standard. NDOC reports they have received no reports of sexual abuse or harassment by volunteers or contractors against inmates in the last 12 months. They have made no referrals to law enforcement and have issued no "stop orders" on contractors or volunteers for violations of sexual abuse or sexual harassment. The PREA Compliance Manager, Warden and PREA Coordinator all state that volunteers and contractors who engage in any sexual abuse or sexual harassment will not remain in their position at the facility. Other NDOC facilities are also notified so they will not engage the same contractor or volunteer.

#### **Standard 115.78 Disciplinary sanctions for inmates**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance**

**determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

115.78 (a): Sexual assault and sexual harassment committed by an inmate are both class A major violations as stated in AR 707.

115.78 (b): The disciplinary manual provides a guide for the imposition of sanctions and allows the hearings officer to take into consideration analysis of each individual situation, including disciplinary history, the circumstances of the act, etc. Interviews with staff supported this information. This is also supported in OP 421

115.78 (c): Language in AR 421, OP 421, and the Disciplinary Manual, as well as interviews with staff, supported that this standard is followed.

115.78 (d): During an interview with WSCC psychologist, who also provides services at NNTH, he stated inmates are not required to participate in counseling as a condition of access to any other program or benefits.

115.78 (e): Language in AR 421 and OP 421 is consistent with this standard. There have been no incidents of this nature to review for this audit.

115.78 (f): Language in AR 421 and OP 421 is consistent with this standard.

115.78 (g): NDOC prohibits all sexual activity between inmates and will discipline inmates for such activity. However, they do not constitute this activity as sexual abuse if it is determined it was not coerced.

#### **Standard 115.81 Medical and mental health screenings; history of sexual abuse**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

115.81 (a): AR 643 requires all newly arrived inmates be evaluated by mental health staff for level of intellectual functioning, level of aggression, deviant sexual behavior and history of sexual abuse. Inmates referred for non-emergency mental health care will be evaluated within 14 days. This was verified by the WSCC psychologist who also provides services at NNTH.

115.81 (b): AR 643 requires that inmates with a history of sexual abuse, whether aggressor or victim, be offered a referral to medical and/or mental health, that this referral must be made within 72 hours of the assessment and the inmate must be seen within 14 days. Language consistent with this standard is also in OP 613. This process was verified by the WSCC psychologist.

115.81 (c): n/a – substandard applies to jails

115.81 (d): Medical Directive 316 states confidentiality of psychiatric and psychological evaluations will be maintained per federal and state laws. The NDOC PREA Manual states any information related to sexual victimization or abusiveness will be strictly limited to inform treatment plans and make informed decisions. Confidentiality of information was verified in staff interviews.

115.81 (e): OP 613 requires medical and mental health staff to obtain informed consent. Both medical and mental health staff who were interviewed verified they obtain informed consent in accordance with this standard.

### **Standard 115.82 Access to emergency medical and mental health services**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

115.82 (a): OP 613 requires medical staff be notified an inmate has been sexually abused and that medical staff complete a cursory exam. The victim is offered mental health treatment. If the assault occurred within 72 hours the victim is offered a forensic exam and must agree to the exam. This was verified in interviews with security staff and medical/mental health staff. Medical and mental health staff who were interviewed stated the scope of the services offered are determined according to policy and their professional judgement and were confident that if they determined an inmate needed services beyond what is available at the facility, the inmate would be provided what was clinically necessary.

115.82 (b): See notes in 115.62 and 115.64. All staff are trained in first responder duties. The agency response plan outlines the process to ensure victims receive medical care and mental health follow-up.

115.82 (c): As required in OP 613, victims are offered an appointment with the medical provider where information, testing and treatment for sexually transmitted infections is offered. This was verified during the interview with medical staff.

115.82 (d): OP 613 states services will be provided at no cost to the inmate.

### **Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

115.83 (a): AR 643 requires that inmates with a history of sexual abuse, whether aggressor or victim, be referred to medical and/or mental health within 72 hours of the assessment and must be seen within 14 days. OP 613 has similar language. Medical and mental health staff verified in interviews all inmates who have a history of abuse in institutional settings are offered follow-up care.

115.83 (b): Medical and mental health staff reported they follow a treatment plan and base services on an individual basis with outside services utilized when necessary.

115.83 (c): Medical and mental health staff report the level of care in the facility is equal to, and in some cases better than, services in the community due to the services available and quick response of staff within the facility. Both facility staff and medical/mental health staff reported that the medical/mental health staff are quick to respond to requests from NNTH to see and evaluate inmates when needed.

115.83 (d): n/a – NNTH does not house female inmates

115.83 (e): n/a – NNTH does not house female inmates

115.83 (f): Victims are offered an appointment with the medical provider where information, testing, and treatment for sexually transmitted infections is offered. This was verified by medical staff.

115.83 (g): OP 613 states services will be provided at no cost to the inmate. Medical and mental health staff verified that services are at no cost.

115.83 (h): Language in OP 613 supports this standard. Mental health staff verified they conduct this evaluation in accordance with policy.

### Standard 115.86 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

115.86 AR 421 contains language that supports this standard. The Warden, PREA Coordinator, and PREA Compliance Manager verified in interviews that these reviews occur in accordance with the standard. The facility only had one such review in the last year. The auditors reviewed the documentation for the review while onsite. It was completed within 30 days of the completion of the investigation and covered all information required by the standard. The Warden reviewed the information from the review, including recommendations, and documented there was no need for any modifications based on the committee's findings.

### Standard 115.87 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

115.87 (a): The Inspector General's PREA Management Team is responsible for collecting accurate, uniform data for every allegation of sexual abuse from the NDOC. Staff in the IG's office confirmed they collect this data and comply with all elements of this standard.

115.87 (b): The data is aggregated annually and posted on the NDOC website.

115.87 (c): NDOC responds to the Survey of Sexual Violence conducted by the Department of Justice, therefore the data they collect is adequate for this standard.

115.87 (d): The NDOC PREA Manual states the Department will maintain, review, and collect data as needed from all incident based documents. Staff in the IG's office confirmed they collect this data and comply with all elements of this standard.

115.87 (e): n/a – the NDOC does not contract for confinement

115.87 (f): The NDOC PREA Manual states data will be provided to the DOJ upon request.

### **Standard 115.88 Data review for corrective action**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

115.88 (a): Data collected pursuant to 115.87 is reviewed by the Director or designee, Deputy Director of Operations, and the IG PREA Coordinator, taking into consideration the requirements of this standard. An annual report is created which includes data from the agency as a whole and each facility. The annual report was reviewed by the auditors.

115.88 (b): The annual report discusses progress made Department wide and at each facility, including actions taken to comply with PREA.

115.88 (c): The report is signed by the IG PREA Coordinator and the NDOC Director and is available online at the NDOC website. [http://doc.nv.gov/uploadedFiles/docnv.gov/content/About/NDOC\\_Office\\_of\\_the\\_Inspector\\_General/PREA%20Annual%20Report%202015.pdf](http://doc.nv.gov/uploadedFiles/docnv.gov/content/About/NDOC_Office_of_the_Inspector_General/PREA%20Annual%20Report%202015.pdf)

115.88 (d): The report only includes aggregate data and does not include any information that would present a threat to safety and security of a prison.

### **Standard 115.89 Data storage, publication, and destruction**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

115.89 (a): All data is securely maintained by the Inspector General's office. While onsite, the Inspector General showed the auditors where records are kept at the central office.

115.89 (b): The agency has aggregated sexual abuse data available on its website back to 2009. The data shows incidents by type and outcome.

115.89 (c): There is no personally identifiable information in the data provided on the website.

115.89 (d): The data online dates back to 2009 which was the first year it was collected by NDOC. The NDOC PREA Manual states the Department will maintain data for a minimum of 10 years.

**AUDITOR CERTIFICATION**

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Michele Morgenroth

04/18/17

Auditor Signature

Date